

ttorney Docket No.: 031787,0090

Yes

No

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship is as stated below next to my name;

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

IMMUNOGENIC OVARIAN CANCER GENES

| | the specification | or which: | was filed on: as Application No.: | | | | |
|----|---|--|-------------------------------------|-------------------------------------|------------------|--|--|
| | | | and was amended o | n: | (if applicable). | | |
| | including the cla | I have reviewed and understand the contents of the above-identified specification, ncluding the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. § 1.56. | | | | | |
| | And I hereby authorize and request our agents, Brobeck, Phleger & Harrison LLP, whose address is set forth below, to insert above, the filing date and application number of said application when known. | | | | | | |
| ų. | Prior Foreign Application(s) | | | | | | |
| | PCT international application which designated at least one country other than the United | | | | | | |
| | Country | Applicatio Number | n Date of Filing (day, month, year) | Date of Issue (day, month, year) | Priority Claimed | | |
| | | | | | Yes No No | | |
| | | | | | Yes No | | |
| | | | | | Ves No | | |

Prior Provisional Application(s)

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

| Application Number | Date of Filing (day, month, year) |
|-----------------------|--------------------------------------|
| 60/189,226 | March 14, 2000 |
| 60/258,452 | December 28, 2000 |

Prior United States Application(s)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

| | Application Number | Date of Filing (day, month, year) | Status - Patented, Pending, Abandoned |
|---------|-----------------------|--------------------------------------|--|
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| <u></u> | | | |
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And I hereby appoint, both jointly and severally, as my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith the following attorneys, their registration numbers being listed after their names:

Rodger L. Tate, Registration No. 27,399; Anthony W. Shaw, Registration No. 30,104; James Remenick, Registration No. 36,902; Michael J. Songer, Reg. No. 39,841; Cono A. Carrano, Registration No. 39,623; Laurence H. Posorske, Registration No. 34,698; Floyd B. Chapman, Registration No. 40,555; David J. Kulik, Registration No. 36,576; Robert A. King, Registration No. 42,738; and Trevor Q. Coddington, Registration No. 46,633.

igeneral www.calend.

All correspondence and telephone communications should be addressed to: Brobeck, Phleger & Harrison LLP; Intellectual Property Department; 1333 H Street, N.W.; Suite 800; Washington, DC 20005; telephone number (202) 220-6000; facsimile number (202) 220-5200, which is also the address, telephone and facsimile numbers of each of the above listed attorneys.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. § 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature

Full Name of First Inventor:

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(Family Name)

Richard

(First Given Name)

Bruce

Date 3/12/01

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Signature

Full Name of

Second Inventor:

NAORA

(Family Name)

Honami

(First Given Name)

(Second Given Name)

Date MARCH 12, 200/

Citizenship:

Japan

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Post Office

Address:

(same as above)

Page 1 of 2

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|---------------------------------------|--|--|---|--|--|--|
| VER | IFIED STATEMEN | T (DECLARATION) CLA | ECLARATION) CLAIMING SMALL ENTITY | | | |
| SIA | 105 (37 CFR 1.9) | AND 1.27(d)) - NONPROFIT ORGANIZATION | | 031787,0090 | | |
| Application No. | | Filing Date | Patent No. | Issue Date | | |
| То | Be Assigned | March 14, 2001 | | | | |
| Applicar Patente | | ruce RODEN et al. | | | | |
| Inventio | n: Immunog e | nic Ovarian Cancer Gen | es | | | |
| I hereby | declare that I am an o | official empowered to act on be | half of the nonprofit organization | identified below; | | |
| NAME O | F ORGANIZATION: | The Johns Hopkins U | niversity School of Medic | :ine | | |
| ADDRES | S OF ORGANIZATION: | 720 Rutland Avenue | | | | |
| | | Baltimore, Maryland 2 | 21205 | | | |
| | | | | | | |
| | | | | | | |
|] TYPE OI | F NONPROFIT ORGA | NIZATION: | **** | | | |
| X | University or other la | University or other Institute of Higher Education | | | | |
| | Tax Exempt under Internal Revenue Service Code (26 U.S.C. 501(a) and 501(c)(3)) | | | | | |
| | Nonprofit Scientific or Educational under Statute of State of the United States of America | | | | | |
| Total | Name of State: | Citation of Statute: | | | | |
| | Would Qualify as Tax Exempt under Internal Revenue Service Code (26 U.S.C. 501(a) and 501(c)(3)) if Located in the United States of America | | | | | |
| | Would Qualify as Nonprofit Scientific or Educational under Statute of State of the United States of America if Located in the United States of America | | | | | |
| | Name of State: | Citation | of Statute: | | | |
| I hereby (1.9(e) for described | r purposes of paying | e-Identified nonprofit organization reduced fees to the United St | on qualifies as a nonprofit organ tates Patent and Trademark O | ization as defined in 37 CFR ffice regarding the invention | | |
| X | the specification to b | e filed herewith. | | | | |
| | the application Identified above. | | | | | |
| | the patent identified above. | | | | | |
| l hereby or regard to | declare that rights und the above-identified in | der contract or law have been onvention. | conveyed to and remain with th | e nonprofit organization with | | |
| who confi | gnts to the invention is d not qualify as an in | ilisted below and no rights to the dependent inventor under 37 (| n are not exclusive, each individual ne invention are held by any per CFR 1.9(c) or by any concern viganization under 37 CFR 1.9(e) | son, other than the inventor. I | | |

| Individual Small Business Concern Nonprofit Organization | Each person, co under contract o | oncern or orgon law to assi | janization to w gn, grant, conv | hich I have eyor licens | assigned, granted, conve e any rights in the inventio | yed or licens on is listed be | ed or am under an obligati low; | on |
|---|---|--|------------------------------------|----------------------------|--|----------------------------------|------------------------------------|----|
| Each such person, concern or organization is listed below. FULL NAME ADDRESS Individual Small Business Concern Nonprofit Organization FULL NAME ADDRESS Individual Small Business Concern Nonprofit Organization FULL NAME ADDRESS Individual Small Business Concern Nonprofit Organization FULL NAME ADDRESS Individual Small Business Concern Nonprofit Organization FULL NAME ADDRESS Individual Small Business Concern Nonprofit Organization FULL NAME ADDRESS Individual Small Business Concern Nonprofit Organization Full NAME ADDRESS Individual Small Business Concern Nonprofit Organization Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities, (37 CFR 1.27) If acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)) It hereby declare that all statements made herein of my own knowledge are true and that all statements made herein of my own knowledge are true and that all statements made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such williful false statements may legardize the validity of the application, or any patent issuing thereon, or any patent to which this verified statement is directed. NAME OF PERSON SIGNING: William P. Tew, Ph.D. TITLE IN ORGANIZATION: Executive Director, Licensing and Business Development ADDRESS OF PERSON SIGNING: William P. Tew, Ph.D. | X No su | No such person, concern or organization exists. | | | | | | |
| ADDRESS Individual Small Business Concern Nonprofit Organization | Each | | | | | | | |
| FULL NAME ADDRESS Individual Small Business Concern Nonprofit Organization FULL NAME ADDRESS Individual Small Business Concern Nonprofit Organization FULL NAME ADDRESS Individual Small Business Concern Nonprofit Organization FULL NAME ADDRESS Individual Small Business Concern Nonprofit Organization Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27) Eacknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)) I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, or any patent issuing thereon, or any patent to which this verified statement is directed. NAME OF PERSON SIGNING: WIlliam P. Tew, Ph.D. Executive Director, Licensing and Business Development 111 Market Place Suite 906 Baltimore, MD 21202 | FULL NAME | | | | | | | _ |
| FULL NAME ADDRESS Individual Small Business Concern Nonprofit Organization FULL NAME ADDRESS Individual Small Business Concern Nonprofit Organization FULL NAME ADDRESS Individual Small Business Concern Nonprofit Organization Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27) Acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)) I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statement is directed. NAME OF PERSON SIGNING: WIlliam P. Tew, Ph.D. Executive Director, Licensing and Business Development 111 Market Place Suite 906 Baltimore, MD 21202 | ADDRESS | | | | | | | _ |
| Individual Small Business Concern Nonprofit Organization | | | Individual | | Small Business Concern | | Nonprofit Organization | - |
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| IndMduel Small Business Concern Nonprofit Organization | | | Individual | | Small Business Concern | | Nonprofit Organization | |
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| ADDRESS OF PERSON SIGNING: 111 Market Place Suite 906 Baltimore, MD 21202 | NAME OF PERS | ON SIGNING | 3: Willa | ım P. Tev | v, Ph.D. | | | _ |
| Suite 906 Baltimore, MD 21202 | TITLE IN ORGAN | VIZATION; | | | | Business | Development | _ |
| | Suite 906 | | | | | | | |
| | SIGNATURE: | | | | D 11402 | _ DATE; | March 12, 2001 | |